



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
TUBERCULOSIS HISTORY

PATIENT'S NAME		AGE	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F																										
TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT NURSE																														
TB HISTORY COMPLETED BY		DATE	COUNTY																											
TB TREATMENT <input type="checkbox"/> PULMONARY <input type="checkbox"/> EXTRAPULMONARY (SITE)		HIV TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE GIVEN	RESULT																										
BACTERIOLOGY <input type="checkbox"/> SMEAR <input type="checkbox"/> CULTURE <input type="checkbox"/> NAA		CXR <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL <input type="checkbox"/> CAVITARY <input type="checkbox"/> NONCAVITARY <input type="checkbox"/> NOT DONE																												
INITIAL DRUG REGIMEN STARTED Á <input type="checkbox"/> INH (dosage) <input type="checkbox"/> RIFAMPIN (dosage) <input type="checkbox"/> WEIGHT <input type="checkbox"/> PZA (dosage)																														
<input type="checkbox"/> ETHAMBUTOL (dosage) <input type="checkbox"/> OTHER																														
FREQUENCY <input type="checkbox"/> DAILY <input type="checkbox"/> TWICE WEEKLY <input type="checkbox"/> THRICE WEEKLY		TREATMENT PLAN (MONTHS)																												
<input type="checkbox"/> ETHAMBUTOL DISCONTINUED Á Á <input type="checkbox"/> PZA DISCONTINUED Á Á <input type="checkbox"/> INH DISCONTINUED Á Á																														
CONTINUATION PHASE DRUG REGIMEN <input type="checkbox"/> INH (dosage) <input type="checkbox"/> RIFAMPIN (dosage) <input type="checkbox"/> OTHER																														
FREQUENCY <input type="checkbox"/> DAILY <input type="checkbox"/> TWICE WEEKLY <input type="checkbox"/> THRICE WEEKLY		LIST ADDITIONAL MEDICATIONS PATIENT CURRENTLY TAKING																												
REPORTED ALLERGIES																														
MEDICAL RISK/SOCIAL FACTORS (CHECK THE APPROPRIATE ANSWER TO ALL QUESTIONS)																														
<table border="0"><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Contact to case</td><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Abnormal CXR/suggestive of old healed TB</td></tr><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Prior TB - inadequate treatment</td><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U PPD Converter</td></tr><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Foreign born in US</td><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Excessive alcohol usage</td></tr><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Injectable drug use (within last year)</td><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Non-injectable drug use (within last year)</td></tr><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Incarceration at time of diag</td><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Homeless (within past year)</td></tr><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U High risk employment</td><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Crohn's disease</td></tr><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U < 10% below ideal body weight</td><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Diabetes</td></tr><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Gastrectomy/intestinal bypass</td><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Resident/long term care</td></tr><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Rheumatoid arthritis</td><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Unable to read/understand directions</td></tr><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Cancer</td><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Dialysis/Renal failure</td></tr><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Steroid therapy</td><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Silicosis</td></tr><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Organ transplant</td><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Mental illness</td></tr><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Other</td><td></td></tr></table>					<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Contact to case	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Abnormal CXR/suggestive of old healed TB	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Prior TB - 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DATE OF ONSET OF COUGH Á <input type="checkbox"/> HEMOPTYSIS Á Á <input type="checkbox"/> NIGHT SWEATS Á Á <input type="checkbox"/> FEVER Á Á																														
<input type="checkbox"/> WEIGHT LOSS <input type="checkbox"/> CHEST PAIN Á Á <input type="checkbox"/> ENLARGED LYMPH NODES Á Á <input type="checkbox"/> OTHER Á Á																														
DATE OF DIAGNOSIS		DELAYS IN DIAGNOSIS																												
PPD DONE AT DIAGNOSIS <input type="checkbox"/> YES <input type="checkbox"/> NO		RESULTS	DATE																											
PREVIOUS PPD <input type="checkbox"/> YES <input type="checkbox"/> NO		RESULTS	DATE																											
LTBI TREATMENT RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO Á Á		MISSED OPPORTUNITY FOR PREVENTING TB DEATH																												
MISSED OPPORTUNITY FOR PREVENTING TB																														
<input type="checkbox"/> Preventable: TB Risk factor, no PPD		<input type="checkbox"/> Preventable: LTBI, No treatment (Excluding documented refusal)																												
<input type="checkbox"/> Preventable: LTBI, incomplete treatment		<input type="checkbox"/> Preventable: Secondary case to preventable case																												
<input type="checkbox"/> Preventable: Contact to case, not identified prior to diagnosis of TB																														
<input type="checkbox"/> Not Preventable: Appropriate testing &/or treatment prior to diagnosis of TB		Was TB cause of death: <input type="checkbox"/> YES <input type="checkbox"/> NO																												
<input type="checkbox"/> Not Preventable: Foreign born, TB identified on entry into US		Was TB a contributing factor to death: <input type="checkbox"/> YES <input type="checkbox"/> NO																												
<input type="checkbox"/> Not Preventable: Recent entry to US, no exam abroad or in US prior to diagnosis of TB		Was TB treatment cause of death: <input type="checkbox"/> YES <input type="checkbox"/> NO																												
		Was TB treatment a contributing factor: <input type="checkbox"/> YES <input type="checkbox"/> NO																												